The Nicholas A. Cummings Behavioral Health Program Doctor of Behavioral Health (DBH)

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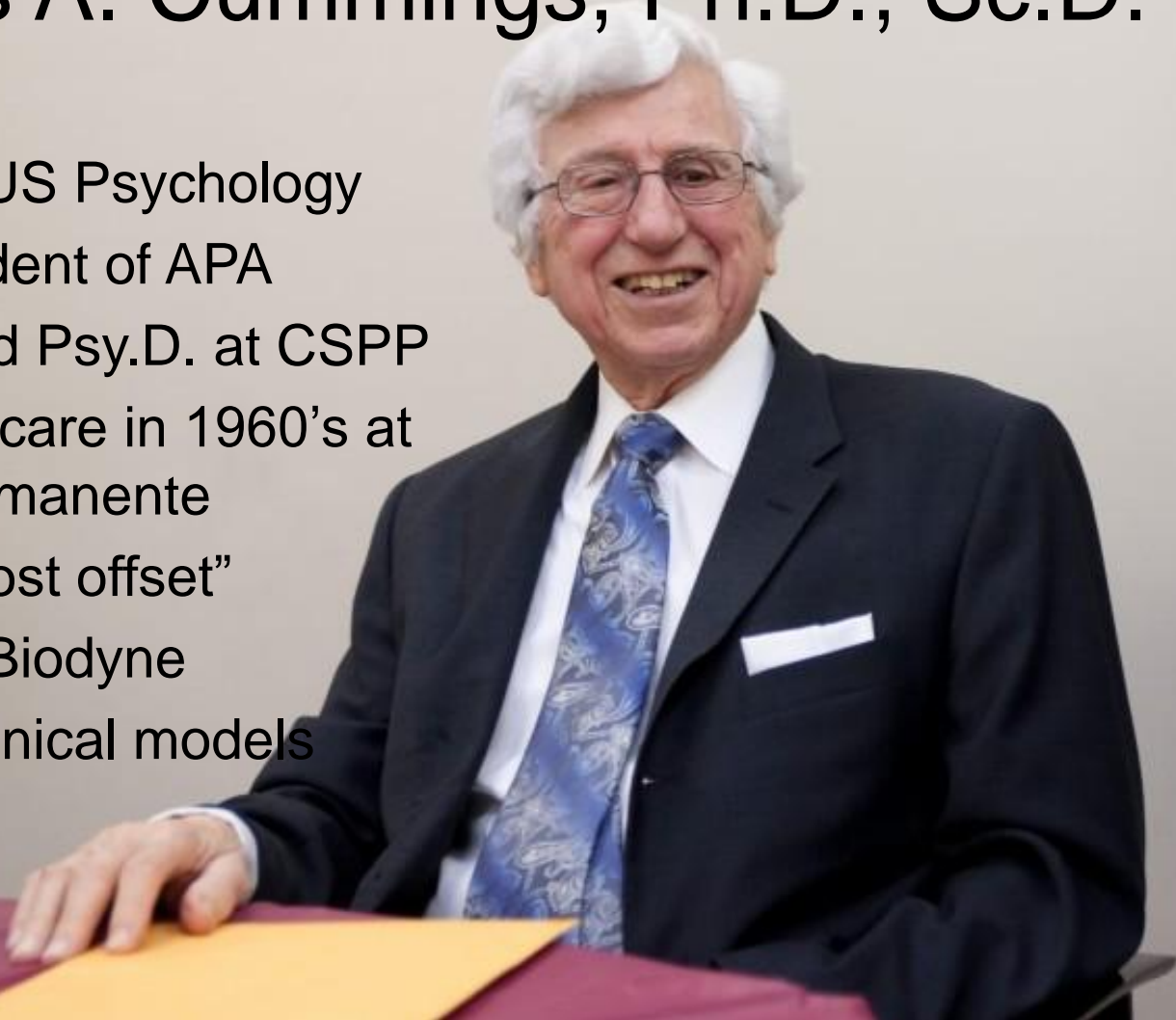
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School of Letters and Sciences

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Nicholas A. Cummings, Ph.D., Sc.D.

- Leader in US Psychology
- Past president of APA
- Established Psy.D. at CSPP
- Integrated care in 1960's at Kaiser Permanente
- "medical cost offset"
- American Biodyne
- Biodyne clinical models

The Nicholas A. Cummings Doctor of Behavioral Health Program

The Doctor of Behavioral Health

- An *upgrade* for master's level clinicians
- Cohort based (full and part-time)
- Residential and distance learning
- Primary care or hospital practicum program
- Replaces dissertation with culminating project
- Faculty practice topics they teach

The DBH Curriculum

- Medical literacy
  - Clinical pathophysiology
  - Psychopharmacology

- Brief interventions in primary care
  - Biodyne psychotherapy
  - Group disease and psychotherapy
  - Lifestyle behavior change
  - Population health management and ehealth

- Entrepreneurship
  - Health policy, economics and finance
  - Performance measurement
  - Practice management

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Physical Symptoms Overlap with Behavioral Conditions
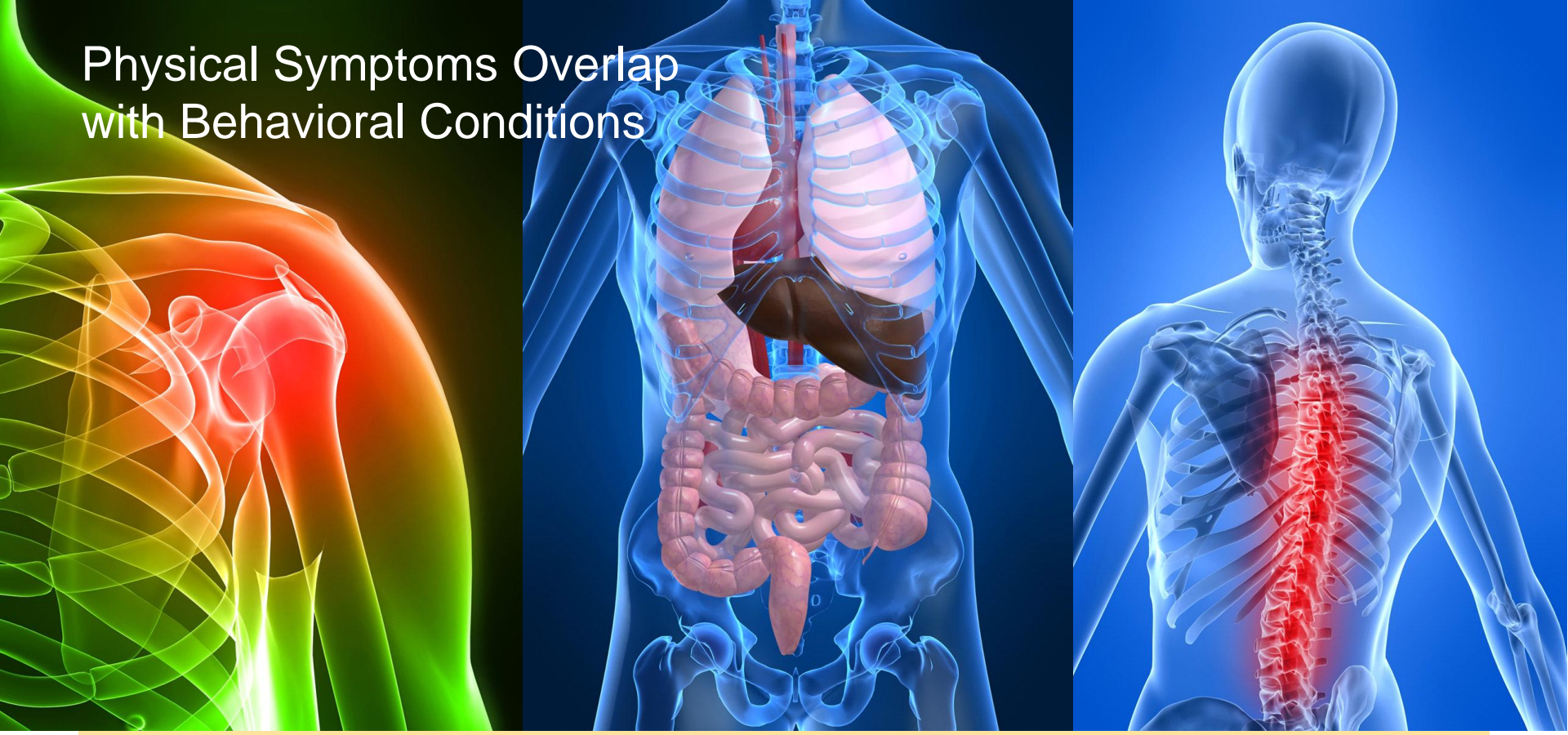
60-70% PCP visits for physical symptoms with no medical etiology

50-80% patients with depression/anxiety present with physical symptoms

Patients and physicians don't recognize symptoms as behavioral diagnoses
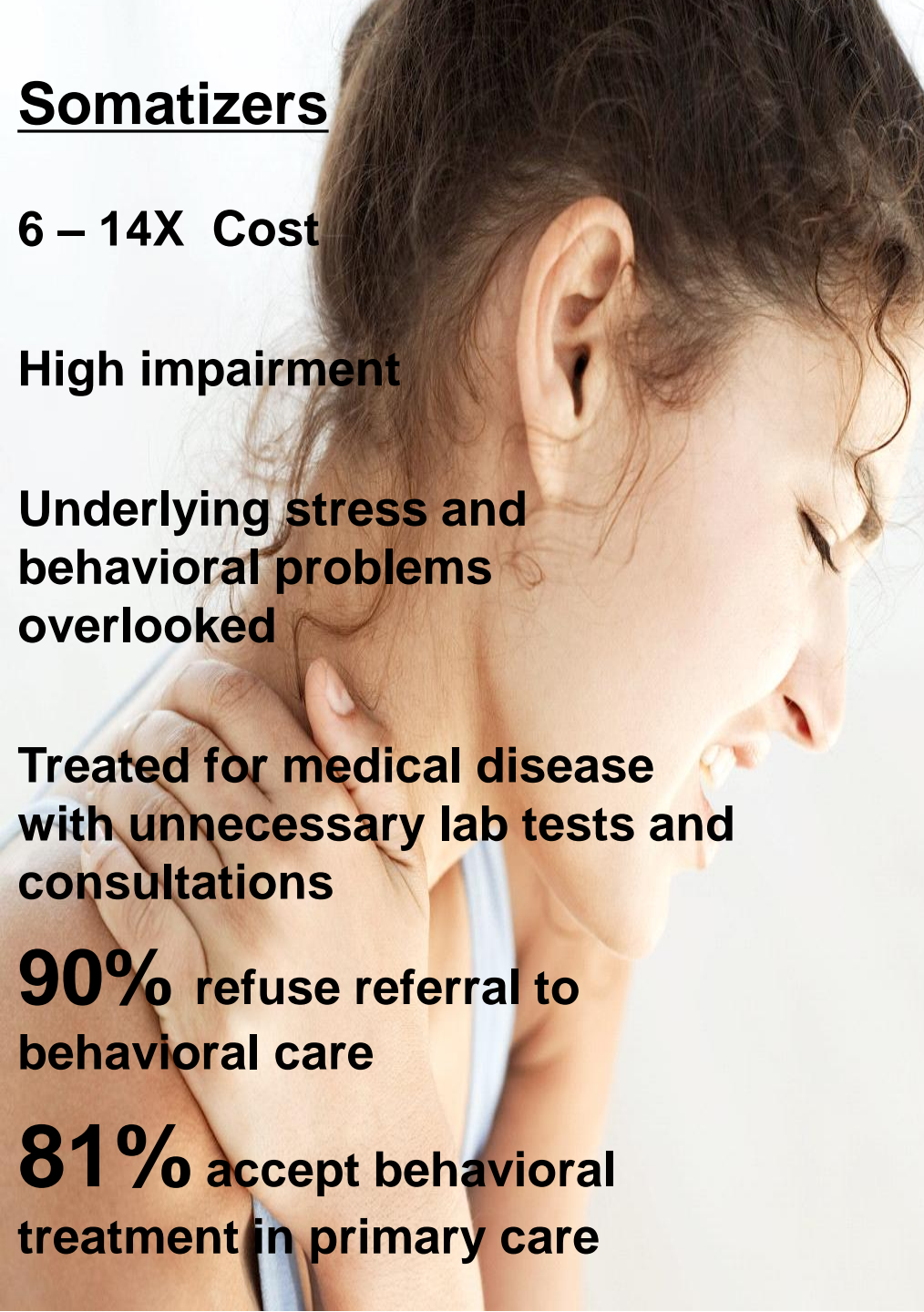
Somatizers

6 – 14X Cost

High impairment

Underlying stress and behavioral problems overlooked

Treated for medical disease with unnecessary lab tests and consultations

90% refuse referral to behavioral care

81% accept behavioral treatment in primary care

The Employers View

Lost productivity

+Absenteeism

+Presenteeism

+ Disability

= 3X cost of medical claims

Clinical Training and Supervision

- Psychologists expert in Biodyne model
- Weekly videoconference with students
- Review of patient outcomes
- Review recordings of patient sessions
- Individual clinician and aggregate reporting of outcomes

Current Practicum Program Summary

- 39 students
- 41 contracted sites
  - FQHC's
  - Primary Care Practices
  - Hospitals and emergency rooms
- Preceptor model
- Physician orientation and consultation
- Hallway handoff model

Psychotherapy *Efficiency*

- Underlying psychopathology
- Rapid engagement and alliance
- Population health management
- Stepped care
- Group treatment
- Social and family support
- ehealth

Group treatment is efficient and specific

- <u>group disease programs</u>: asthma, diabetes, emphysema, hypertension, ischemia, rheumatoid arthritis and fibromyalgia

- <u>psychotherapy groups</u>: phobias, bereavement, borderline personality disorder, depression, schizophrenia, anxiety and panic and Obsessive-compulsive disorder, perfectionism

- <u>addictive groups:</u> include pre-addiction, addiction, ACOA and obesity

Interchangeable Group Treatment Modules are efficient and specific

- Patient education

- Pain management

- Relaxation & stress management

- Social support & buddy system

- Self-evaluation: patient learns to self-monitor biomedical and behavioral indicators

- Homework assigned each session

- Diet and exercise

- Physical activity & exercise

Population health management is efficient

- **Outreach**
- **Education**
- **Follow-up**
- **Guidance**
- **Social support**
- **Patient condition self-management**

ehealth is efficient

- Internet-based behavioral treatment programs for lifestyle and behavioral problems
- Based on cognitive-behavioral therapy and stages of change
- As effective as in-person treatment for depression, anxiety, panic, substance abuse, and PTSD
- Result in savings of 50% to 80% in clinician time
- Must have clinician to guide patient

Practice management is efficient

- **40% of patients: "hallway handoff" with 20 to 30 minute session, most returning for one or two additional sessions**
- **50% of patients: individual or group evidence based disease or behavioral condition groups**
- **10% of patients: referred to specialty care**
- **Clinician productivity**
  - **25% individual sessions**
  - **50% in group disease and population programs**
  - **25% in group psychotherapy**

Patient Feedback Improves Outcome

- Real time review of patient ratings of outcome and alliance
  - o Improve outcome
  - o Decrease drop-out
  - o Increase effect size
  - o Improve efficiency
- The Outcome Rating Scale and Session Rating Scale

Outcome Rating Scale

Individually

(Personal well-being)

|--|

Interpersonally

(Family, close relationships)

|--|

Socially

(Work, school, friendships)

|--|

Overall

(General sense of well-being)

|--|

Session Rating Scale

Relationship

I did not feel heard,
understood, and respected I-- I felt heard, understood, and
 respected

Goals and Topics

We did *not* work on or talk about   We worked on and talked about what
what I wanted to work on and talk about I---I I wanted to talk about

Approach or Method

The therapist's approach is
not a good fit for me.   I--I The therapist's approach is a good
 fit for me

Overall

There was something missing
in the session today.   I--I Overall, today's session was
 right for me

Impact of Feedback on Outcome

461 couples in marital therapy

Treatment as usual vs. treatment with feedback

- *Treatment as usual: 17% improvement*
- *Treatment with feedback: 51% improvement*
- *Feedback: 50% less separation/divorce*

Anker, M., Duncan, B., & Sparks, J. (2009). The effect of feedback on outcome in Marital therapy. *Journal of Consulting and Clinical Psychology, 77(4), 693-704.*
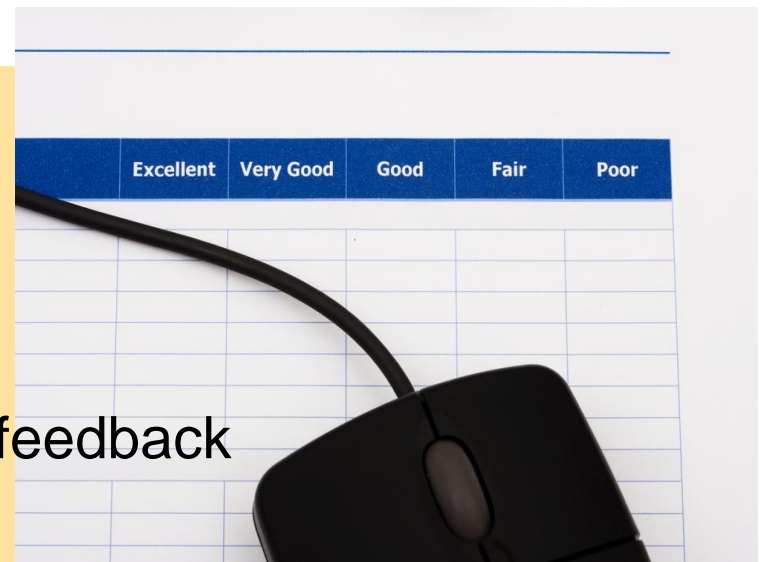
Healthcare Reform

- Healthcare reform in United States:
  - Decrease waste
  - Prove effectiveness
  - Stop fee for service, bundled payments
  - Financial incentives for cost-effective care
- Emerging Examples
  - Patient-Centered Medical Home
  - Accountable Care Organizations
  - Pay for Performance Incentives

Healthcare Reform Survival Skills

- Brief therapy in primary care
- Medical literacy
- Population health management
- e-health
- Clinical outcomes
- Medical cost offset
- Entrepreneurship

Questions?

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